

# ELECTRONIC REPAIR FORM

The Claims Office must determine whether internal damage to an electrical or electronic item was caused by the item being dropped, mishandled in shipment, age, normal wear and tear, manufacturers defect or any other factor. Please complete this form to the best of your ability.

1. Repair firm's name and address:

\_\_\_\_\_

2. Repair firm's telephone number (include area code) \_\_\_\_\_

3. Name of person completing this form: \_\_\_\_\_

4. Claimant's name: \_\_\_\_\_

4. Item examined (make, model, year): \_\_\_\_\_

5. There was/was not internal damage to this item. Detailed description and location of internal damage is:

\_\_\_\_\_

6. I was/was not able to determine the cause of the internal damage. To the best of my knowledge and belief, the damage was caused by:

\_\_\_\_\_

7. Was the internal damage caused by shipment:

Definitely

Probably

No

Can't tell

8. The specific reasons for my conclusions regarding the internal damage are:

\_\_\_\_\_

9. I estimate the cost of repairing the internal damage to be:

Part - \_\_\_\_\_ \$ \_\_\_\_\_

Part - \_\_\_\_\_ \$ \_\_\_\_\_

Part - \_\_\_\_\_ \$ \_\_\_\_\_

Cleaning, adjustments or other services \$ \_\_\_\_\_

Tax \$ \_\_\_\_\_

Labor \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

10. Please list any charges which are not actually necessary to repair this item so that it properly functions (for example, list charges for cleaning, adjustment or other services which would not be required except as periodic maintenance.

Servicing charges \$ \_\_\_\_\_

11. Cost of estimate is \$ \_\_\_\_\_. If your repair firm is afforded the repair of this item, will you deduct your estimate fee from the total bill?

YES

NO

ESTIMATE FEE NOT CHARGED

12. Signature \_\_\_\_\_ Date \_\_\_\_\_

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM